

REGISTRATION FORM
REGION 11 REGIONAL MEETING
FESTIVAL OF DAYLILIES
MOKAN DAYLILY SOCIETY
June 29 – July 1, 2012

NAME(S): Print name(s) as it is to appear on your badge(s)

ADDRESS: _____

CITY: _____ **STATE:** _____

TELEPHONE: _____ **Email** _____

JUDGES CLINICS AND WORKSHOP: I want to attend:

Exhibition Judging Clinic II _____ Garden Judge's Workshop II _____

A **\$5.00** fee will be collected at the start of the training. Attendees must bring the 2012 revision of the **Judging Daylilies Handbook**.
(can be downloaded from the internet)

Class availability will be based upon the participants and availability of instructors.

Special or dietary needs: _____

Boutique booth space will be available free of charge. Vendors will be responsible for their own merchandise.
For more info e-mail Jane Shepherd.

REGISTRATION FEE: Adult: \$125.00, Youth: \$ 90.00 (Late registration fee is \$135.00 after 5-25-12)

Fee includes bus garden tours, Saturday breakfast, lunch, and banquet, and Sunday breakfast and lunch. Friday dinner is on your own.

Number of adults _____ x _____ = _____

Number of youth _____ x _____ = _____

Make checks payable to MKDS (MoKan Daylily Society) Mail completed form and registration fee(s)
(**excluding** judging fee) to registrar:

Jane Shepherd
1135 Thompson Ave.
Liberty, MO 64068-1943
816-781-0241, shepj@juno.com

Cancellations received by May 25, 2012 will receive full refund.

A 50% refund, paid after the convention, will be given for cancellations received by June 8, 2012. No refunds after that.

Hilton Garden Inn, 19677 E. Jackson Drive, Independence, MO 64057

Telephone: 816-350-3000 or 800-445-8667

Room rate is \$100.00 until May 25, 2012 by asking for the "MoKan Daylily Society" block of rooms.

Hotel rooms have a refrigerator, microwave, and coffeemaker.

